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| PAGE | 1 | OF | 3 |
| FOR SE OF FORM 24/48 | | | |

| | | | |
|-----------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) Stop Hillary PAC | | FEC IDENTIFICATION NUMBER ▼ C C00544767 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/> | |

| | | | |
|--------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee AMERICAN ACTION NEWS, LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2015 | |
| Mailing Address 203 S. UNION ST, STE 300 | | Amount 5000.00 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24.11720 |
| Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY ONLINE ADVERTISING FEES | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2015 |
| Name of Federal Candidate HILLARY CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 211415.50 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► | |

| | | | |
|----------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee CAMPAIGN SOLUTIONS | | Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 03 / 2015</div> </div> | |
| Mailing Address 117 N. SAINT ASAPH ST | | Amount <div> <div></div> <div>10000.00</div> </div> | |
| City ALEXANDRIA | State VA | Zip Code 22314 | Transaction ID : SE24.11715 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 01 / 2015</div> </div> |
| Purpose of Expenditure ESTIMATE OF NOVEMBER MONTHLY LIST RENTAL FEES | | Category/ Type | <div> <div></div> <div>004</div> </div> |
| Name of Federal Candidate HILLARY CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>211415.50</div> </div> | | District: _____ State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► | |

| | |
|------------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 15000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dan Backer

[Electronically Filed]

Date _____

Signature